



Payment Remittance Form

Moxie Incorporated uses an online credit card processing service, called Practice Pay Solutions, to charge fees to your credit card. In order to authorize us to charge fees to your card via this service, please complete the information below.

I hereby authorize Practice Pay Solutions to charge the following credit card account for my fees and co-payments. This payment agreement will be in effect until services have been completed or are ended by request of the client either verbally or in writing.

To Pay by Credit Card:

Card Type: ___ Visa ___ Mastercard ___ Amex

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____
Street or P.O. Box

_____ City State Zip

I authorize a one-time charge. Charge Amount: \$ _____

Please charge fees for all services to this credit card.

Would you like us to notify you by phone or e-mail when fees are billed to your credit card?

Yes No ___ Phone: _____

___ E-mail address: _____

Cardholder's Signature: _____

To Pay by Check:

I have enclosed a check in the amount of \$ _____.

*Please remit to: **Moxie, Inc.** – 9800 Shelard Parkway, Suite 340 – Plymouth, MN 55441*

Phone: 763-444-2240 | Fax: 763-444-2241

Thank you for your business!